

1922

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

STATE FILE NO.

1. PLACE OF DEATH Pima STATE ARIZONA REGISTERED NO. 58-0

COUNTY Pima OR VILLAGE St. Mary's Hospital OR

TOWNSHIP Tucson NO. St. Mary's Hospital ST. Tucson, Arizona WARD

CITY Tucson (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 25 YRS. ✓ MOS. ✓ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH 25 YRS. ✓ MOS. ✓ DS.

2. FULL NAME Ramon Flores HOW LONG IN STATE WHEN DEATH OCCURRED 25 YRS. ✓ MOS. ✓ DS.

(A) RESIDENCE NO. 815 Anita (USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Librada Flores (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS 38 MONTHS ✓ DAYS ✓ IF LESS THAN 1 DAY, HRS. OR MIN.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Miner

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) Mexico (STATE OR COUNTY)

13. NAME Faustino Flores

14. BIRTHPLACE (CITY OR TOWN) Mexico (STATE OR COUNTY)

15. MAIDEN NAME Ygnacia Rubio

16. BIRTHPLACE (CITY OR TOWN) Mexico (STATE OR COUNTY)

17. INFORMANT Librada Flores (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Holy Cross DATE 8-9-35

19. EMBALMER 216 LICENSE NO. 216 SIGNATURE Reilly FUNERAL DIRECTOR Reilly ADDRESS Tucson, Ariz.

20. FILED 8-9-35 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 8, 1935

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 8-8-35 TO 8-8-35, 1935

I LAST SAW HIM ALIVE ON 8-8-35, DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 8 P. M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:

Pulmonary Hemorrhage DATE OF ONSET 8/8/35

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

Presumably Pul. T.B. ?

NAME OF OPERATION No DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? None WAS THERE AN AUTOPSY? No

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY, 19  

WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY AND STATE)

SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE

MANNER OF INJURY

NATURE OF INJURY

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? No

IF SO, SPECIFY (SIGNED) R. D. Johnson M. D. (ADDRESS) Tucson